

10797927.

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		+				
3		+				
4						
5		+				
6						
7						
8		+				
9		+				
10		+				
11		+				
12		+				
13						
14		+				
15		+				
16		+				
17		+				
18		+				
19		+				
20		+				
21		+				
22		+				
23		+				
24		+				
25		2				
26		2				
27		2	29			
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		+				
41		+				
42		+				
43		+				
44		+				
45		+				
46		+				
47		+				
48		+				
49		+				
50		+				
TOTAL IND.	1					
TOTAL DEP.	78					
TOTAL CLAIMS	63					

	IND	DEP	IND	DEP	IND	DEP
51		+				
52		+				
53		+				
54		+				
55		+				
56		+				
57		+				
58		+				
59		+				
60		+				
61		+				
62		+				
63		+				
64						
65						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						